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	R EXTENSION OF TIME UNDER 37 FY 2009 In to the Consolidated Appropriations A	Docket Number (Optional) A0839-US-NP					
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) Application Number 09/731,912			Filed 12/08/2000				
For Systems	and methods for editing a web	page	J				
Art Unit 2177			Examiner Chau T. Nguyen				
This is a reques	st under the provisions of 37 CFR 1.13	36(a) to extend the per	iod for filing a reply in	the above identified			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):							
X One m	onth (37 CFR 1.17(a)(1))	<u>Fee</u> \$ 150	Small Entity Fee \$ 75	\$ <u>150.00</u>			
☐ Two m	onths (37 CFR 1.17(a)(2))	\$ 560	\$ 280	\$			
Three	months (37 CFR 1.17(a)(3))	\$ 1,270	\$ 635	\$			
Four m	nonths (37 CFR 1.17(a)(4))	\$ 1,980	\$ 990	\$			
Five m	onths (37 CFR 1.17(a)(5))	\$ 2,690	\$ 1,345	\$			
Applicant claims small entity status. See 37 CFR 1.27.							
A check i	n the amount of the fee is enclosed.						
│	by credit card. Form PTO-2038 is atta	ached.					
☐ The Direc	ctor has already been authorized to ch	arge fees in this applic	cation to a Deposit Ac	count.			
X The Direct	ctor is hereby authorized to charge any	y fees which may be re	equired, or credit any	overpayment,			
to Depos	it Account Number 240037	·					
	: Information on this form may become edit card information and authorization		ormation should not be	included on this form.			
I am the	applicant/inventor.						
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).							
X attorney or agent of record. Registration Number <u>59594</u>							
attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34							
	457200		November	28 2011			
Signature			Date				
Krista A. Wittman			(206) 381-3900				
Typed or printed name Telephone Number							
_	es of all the inventors or assignees of record of the estimates is required, see below.	e entire interest or their repres	sentative(s) are required. Su	ubmit multiple forms if more			
X Total of1	forms are submitte	ed.					